



# TOWN OF JAY

## Office of the Town Clerk

Carol Greenley Hackel  
townclerk@townofjayny.gov

P.O. Box 730, 11 School Lane  
Au Sable Forks, NY 12912

Telephone: (518) 647-2204  
Fax: (518) 647-5692

### Application for Dog License

Date of application: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Dog Name: \_\_\_\_\_

Dog Sex: \_\_\_\_\_

Birth Year: \_\_\_\_\_

Breed: \_\_\_\_\_

Primary Color: \_\_\_\_\_

Second Color: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Rabies Vaccine: attach copy of current certificate (must include rabies serum lot #, rabies tag # & vaccine manufacturer)

#### Fee schedule (cash or check):

Spayed/Neutered:  \$10.00

Unaltered:  \$20.00

Licenses are valid for 1 year and run from date of issuance.

#### **\*\*Office Use Only\*\***

License Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Type of License: \_\_\_\_\_

Payment Type:  Cash  Check